

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 10/12/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445209	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/08/2017
NAME OF PROVIDER OR SUPPLIER SPRING CITY CARE AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 331 HINCH STREET SPRING CITY, TN 37381	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS A life safety survey was conducted by the state of Tennessee Department of Health, Division of health licensure and regulation office of health care facilities on 10/8/17. During this life safety survey, Spring City Care & Rehabilitation was not found to be in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.70(a), Life safety from fire, and the related National Fire Protection Association (NFPA) standard 101 - 2012 edition. The requirement at 42 CFR, Subpart 483.70(a) is NOT MET as evidenced by:	K 000		11/14/17
K 923 SS=D	NFPA 101 Gas Equipment - Cylinder and Container Storage Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be	K 923	1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: On 10/8/17, the 9 cylinders were removed from the top of storage rack and placed appropriately in rack. On 10/9/17 correct signage for door was ordered. On 10/12/17 the correct signage was placed on door of storage room. 2. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken: All residents have the potential to be affected. Education provided by Maintenance Director on 10/9/17 to Oxygen Company to ensure upon delivery that cylinders are placed appropriately in storage rack. Nursing and Therapy staff will receive education by Maintenance Director, Director of Nursing (DON) or Staff Development Coordinator (SDC) on ensuring that Oxygen cylinders are placed appropriately in storage rack.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 923	<p>Continued From page 1</p> <p>stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING."</p> <p>Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather.</p> <p>11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99)</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain oxygen storage room. This deficiency affected 1 of 12 smoke compartments.</p> <p>NFPA 101. 19.7.6 NFPA 99. 11.3.3.3 & 11.3.4.2</p> <p>The findings include:</p> <p>Observation and interview with the maintenance director on 10/8/17 at 11:30 AM revealed;</p> <ol style="list-style-type: none"> 1. There were 9 unsecured cylinders sitting on top of storage rack. 2. The precautionary signage was not correct. <p>The maintenance director was present when the deficiencies were identified and was acknowledged by the administrator during the exit conference on 10/8/17.</p>	K 923	<ol style="list-style-type: none"> 3. What measure will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur: Nursing and Therapy staff will receive education by Maintenance Director, Director of Nursing (DON) or Staff Development Coordinator (SDC) on ensuring that Oxygen cylinders are placed appropriately in storage rack. Maintenance Director or Assistant Maintenance Director will check storage room to ensure cylinders are appropriately stored daily Monday-Friday for 2 weeks, then 3 times a week for 2 weeks, then weekly for 2 weeks, then monthly for 3 months. 4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur; i.e., what quality assurance program will be put into place: Maintenance Director or Assistant Maintenance Director will check storage room to ensure cylinders are appropriately stored daily Monday-Friday for 2 weeks, then 3 times a week for 2 weeks, then weekly for 2 weeks, then monthly for 3 months. Maintenance Director will report findings to the QAPI committee monthly. 		